

<i>SERFF Tracking Number:</i>	<i>UNNC-126088897</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Ameritas Life Insurance Corp.</i>	<i>State Tracking Number:</i>	<i>42171</i>
<i>Company Tracking Number:</i>	<i>AL E-04 GRA</i>		
<i>TOI:</i>	<i>A03G Group Annuities - Deferred Variable</i>	<i>Sub-TOI:</i>	<i>A03G.002 Flexible Premium</i>
<i>Product Name:</i>	<i>AL E-04 GRA Endorsement</i>		
<i>Project Name/Number:</i>	<i>AL E-04 GRA Endorsement/AL E-04 GRA</i>		

## Filing at a Glance

Company: Ameritas Life Insurance Corp.

Product Name: AL E-04 GRA Endorsement      SERFF Tr Num: UNNC-126088897      State: Arkansas

TOI: A03G Group Annuities - Deferred Variable      SERFF Status: Closed-Approved-  
Closed      State Tr Num: 42171

Sub-TOI: A03G.002 Flexible Premium      Co Tr Num: AL E-04 GRA      State Status: Approved-Closed

Filing Type: Form      Reviewer(s): Linda Bird

Authors: Bobbie Cramer, Joanne

Friend, Jenny Andrus

Date Submitted: 04/21/2009

Disposition Date: 04/24/2009

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: AL E-04 GRA Endorsement

Project Number: AL E-04 GRA

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 04/24/2009

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Group Market Type: Employer

Explanation for Other Group Market Type:

State Status Changed: 04/24/2009

Created By: Jenny Andrus

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Jenny Andrus

Filing Description:

Re: Ameritas Life Insurance Corp.

NAIC No. 0943-61301      FEIN No. 47-0098400

Submission Form Identification: AL E-04 GRA – Endorsement

Description of Form as Individual or Group Market: Group

To be used with Contract Form Identification No.:

AL 64349 - Allocated Group Annuity Contract approved by your state on 08/30/06.

General Description of Submission: Endorsement to be used with above referenced group annuity contract offering an

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alternative fixed investment option – the Stable Fixed Investment Account.

Enclosed for your review and approval is the above-referenced endorsement. This is a new form and will not replace any previously approved form. This endorsement will be used with the previously approved contract mentioned above.

This endorsement is used to offer a Stable Fixed Investment Account as an alternative investment option. It is a fixed option and is an alternative to the Guaranteed Investment Account.

This form is exempt from any “flesch score” or readability requirements in your statutes or regulations as it is subject to federal jurisdiction and the language contained therein is drafted to conform to the requirements of federal law.

No part of this filing contains any unusual or possibly controversial items from normal company or industry standards. Since our printers use various fonts and layouts, we reserve the right to format the pages to conform to the printers requirements. No change in language will occur, only a possible page break, or renumbering of a page.

## Company and Contact

### Filing Contact Information

Jenny Andrus, Contract Analyst	jandrus@unioncentral.com
1876 Waycross Road	513-595-2984 [Phone] 52984 [Ext]
Cincinnati, OH 45240	513-595-2918 [FAX]

### Filing Company Information

Ameritas Life Insurance Corp.	CoCode: 61301	State of Domicile: Nebraska
5900 "O" STREET	Group Code: 943	Company Type: Stock
LINCOLN, NE 68510	Group Name:	State ID Number:
(800) 825-1551 ext. [Phone]	FEIN Number: 47-0098400	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$20.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
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<b>Ameritas Life Insurance Corp.</b>	<b>\$20.00</b>	<b>04/21/2009</b>	<b>27310053</b>

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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved-Closed	Linda Bird	04/24/2009	04/24/2009

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## Disposition

Disposition Date: 04/24/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Life & Annuity - Acturial Memo		No
<b>Form</b>	Stable Fixed Investment Account		Yes
	Endorsement		

SERFF Tracking Number: UNNC-126088897 State: Arkansas

Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 42171

Company Tracking Number: AL E-04 GRA

TOI: A03G Group Annuities - Deferred Variable Sub-TOI: A03G.002 Flexible Premium

Product Name: AL E-04 GRA Endorsement

Project Name/Number: AL E-04 GRA Endorsement/AL E-04 GRA

## Form Schedule

Lead Form Number: AL E-04 GRA

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	AL E-04 GRA	Policy/Cont Stable Fixed ract/Fratern Investment Account al Endorsement Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		0.000	AL E-04 GRA.pdf

## Ameritas Life Insurance Corp.

### STABLE FIXED INVESTMENT ACCOUNT ENDORSEMENT

**PURPOSE.** This endorsement is made a part of the Allocated Separate Accounts Group Annuity Contract to which it is attached. It is effective on the *contract date*. It is subject to all of the exclusions, definitions, and provisions of the Group Annuity Contract, which are not inconsistent with this endorsement.

#### **DEFINITIONS**

The following language should be considered part of the Definitions section of the contract.

**COMPETING INVESTMENT ALTERNATIVES.** *Competing investment alternatives* will be specifically identified on the *application*. All other investments on the *application* will be treated as a non-competing investment alternative.

**DEPOSIT PERIOD.** Means, for the purpose of this endorsement, the period specified by the *company* from time to time, during which new deposits will be considered first invested in the Stable Fixed Investment Participant Account in order to be credited with the appropriate interest rate for such a period. Generally, the *deposit period* is one calendar month.

**INVESTMENT ACCOUNT.** The *investment accounts* available to you will also include the *stable fixed investment account*.

**STABLE FIXED INVESTMENT ACCOUNT.** Means an account, which is part of *our* general assets into which *allocated contributions* and transfers may be made as set forth in this contract. *We* will declare in advance of any *deposit period* the current rate and rates of interest to be credited during that *deposit period*. At no time will the declared interest rate be less than [1.50%].

#### **ALLOCATED CONTRIBUTIONS, INVESTMENTS, TRANSFERS, AND WITHDRAWALS**

The following language should be considered part of the Allocated Contributions, Investments, Transfers, and Withdrawals section of the contract.

**EFFECTIVE DATE OF WITHDRAWALS; OTHER PROVISIONS.** *We* reserve the right to postpone withdrawals from the *guaranteed investment account*, and the *stable fixed investment account* for up to six months after *we* receive the request. The election of any such transfer or withdrawal may not be revoked without *our* consent. In lieu of withdrawal, *you* or the *participant* if authorized by *you* may elect to purchase a *fixed annuity* for the *participant*.

#### **STABLE FIXED INVESTMENT ACCOUNT**

The following language should be considered a new contract section.

**STABLE FIXED INVESTMENT PARTICIPANT ACCOUNT.** A Stable Fixed Investment Participant Account will be established and maintained for each *participant account* that made an apportionment to the *stable fixed investment account*.

The value of the Stable Fixed Investment Participant Account at any point in time equals the total of *allocated contributions* plus accumulated interest credited to the Stable Fixed Investment Participant Account less any amounts withdrawn or deducted from the Stable Fixed Investment Participant Account within the *stable fixed investment account*.



**STABLE FIXED INVESTMENT ACCOUNT INTEREST CREDITS.** We will credit interest to a Stable Fixed Investment Participant Account as follows:

Before each *deposit period*, the *company* will declare a *stable fixed investment account* interest rate for this contract to be applied to new and existing deposits invested during such *deposit period* in a Stable Fixed Investment Participant Account. Interest will be credited to such deposits from the effective date of deposit through the end of the *deposit period*, or to the date of withdrawal or transfer, if sooner.

Rates credited will be net of the applicable contract management charge which includes the assessment of the net investment factor listed on the *schedule*.

**RESTRICTION ON COMPETING INVESTMENT ALTERNATIVES.** It is preferable that contracts to which this endorsement is attached shall not use any *competing investment alternatives*. To the extent *competing investment alternatives* are selected, there are restrictions on the movement of money out of and back into the *stable fixed investment account*. Specifically, transfers from a Stable Fixed Investment Participant Account must be held in a non-competing investment alternative for a minimum of 90-days before a subsequent transfer to a competing investment alternative. Transfers to a competing fund will be treated as if they were not made in accordance with our good order policy and will not be processed, until received in good order.

**TERMINATION OF CONTRACT OR THE ELIMINATION OF THE STABLE FIXED INVESTMENT ACCOUNT FROM THE CONTRACT**

The following language should be considered part of the Termination of Contract or the Elimination of the Stable Fixed Investment Account from the Contract Section.

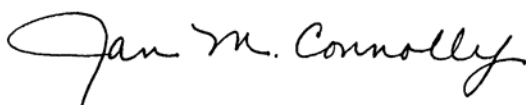
**EFFECTIVE DATE OF WITHDRAWALS; OTHER PROVISIONS.** We will pay the value held in the *stable fixed investment account* at book value upon provision of twelve months notice to *us*. In the event such notice is not provided, *we* may postpone withdrawals from the *stable fixed investment account* for up to twelve months after *we* receive the request to terminate the *contract* (the 12-month period). The election of any such transfer or withdrawal may not be revoked without *our* consent. In lieu of withdrawal, *you* or the *participant* if authorized by *you*, may elect to purchase a *fixed annuity* for the *participant*, or *you* may elect to keep the assets in the *stable fixed investment account*, until the expiration of the 12-month period, or *you* may elect to have the market value adjustment described below applied.

**MARKET VALUE ADJUSTMENT.** Assets invested in the *stable fixed investment account* may be subject to a market value adjustment upon transfer or withdrawal where the transfers or withdrawals are related to the termination of the contract or the removal of the *stable fixed investment account* from the contract and notice is not provided in accordance with the previous paragraph.

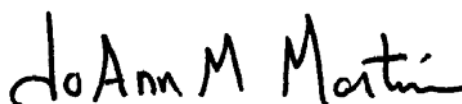
The market value adjustment will be equal to the amount withdrawn or transferred multiplied by one minus one-hundredth of the price of a \$100 face amount bond with the following characteristics: a specified term to maturity, a yield rate equal to the 5-Year U. S. Treasury Note plus a specified spread; and a coupon rate derived from the weighted average of the interest rates currently applicable to the funds held in the Stable Fixed Investment Participant Account. The market value adjustment will be applied to or deducted from the amounts withdrawn or transferred.

The term to maturity and the yield over the 5-Year U.S. Treasury Note *we* will declare monthly. The yield on the 5-Year U.S. Treasury Note will be adjusted weekly, and will be the average for the previous week as found in the most recent Federal Reserve Statistical Release H.15 (or other comparable index or survey) and will be effective the second business day of each week.

AMERITAS LIFE INSURANCE CORP.



Secretary



President

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>

**Satisfied - Item:** Flesch Certification

**Comments:**

Compliance Certifications are attached.

**Attachments:**

AR Certification Reg 19.pdf

AR Reg 6 Cert.pdf

AR Reg 49 Cert.pdf

Univ Read Cert.pdf

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>

**Bypassed - Item:** Application

**Bypass Reason:** Not applicable as this is an endorsement filing.

**Comments:**

**CERTIFICATION**  
**Arkansas**

We hereby certify that we have reviewed Rule and Regulation 19 and that The Union Central Life Insurance Company meets the provisions of said Rule and Regulation, as well as all applicable requirements of your Department regarding Unfair Sex Discrimination in the Sale of Insurance.



Robert G. Lange  
Vice President, General Counsel & Asst. Secretary

April 9, 2009  
Date

**CERTIFICATION**  
**Arkansas**

We hereby certify that we have reviewed Regulation 6 and that Ameritas Life Insurance Corp. is in compliance.



Robert G. Lange  
Vice President, General Counsel and Assistant Secretary  
of Ameritas Life Insurance Company

April 9, 2009

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Date

**Reg. Section 6 DI: Method of Disclosure of Required Information**

All information required to be disclosed by this rule shall be set out conspicuously and in close conjunction with the statements to which such information relates or under appropriate captions of such prominence that it shall not be minimized, rendered obscure or presented in an ambiguous fashion or intermingled with the context of the advertisements so as to be confusing or misleading.

**Reg. Section 6 Life: Valuation**

The minimum valuation standard for universal life insurance policies shall be the Commissioners Reserve Valuation Method

**CERTIFICATION**  
**Arkansas**

We hereby certify that we have reviewed Arkansas Rule and Regulation 49 and that Acacia Life Insurance Company is in compliance regarding Life and Health Insurance Guaranty Association Notices.

We also certify that we have reviewed ACA 23-79-138 regarding the use of Complaint Notices and assure that Acacia Life Insurance Company is in compliance.



Robert G. Lange  
Vice President, General Counsel  
& Assistant Secretary

April 9, 2009

\_\_\_\_\_  
Date

**Reg. Section 6 DI: Method of Disclosure of Required Information**

All information required to be disclosed by this rule shall be set out conspicuously and in close conjunction with the statements to which such information relates or under appropriate captions of such prominence that it shall not be minimized, rendered obscure or presented in an ambiguous fashion or intermingled with the context of the advertisements so as to be confusing or misleading.

**Reg. Section 6 Life: Valuation**

The minimum valuation standard for universal life insurance policies shall be the Commissioners Reserve Valuation Method

## READABILITY CERTIFICATION

I, Robert G. Lange, an officer of Ameritas Life Insurance Corp., hereby certify that the following form(s) has (have) the following readability score(s) as calculated by the Flesch Reading Ease Test and that this (these) form(s) meet(s) the reading ease requirements of the laws and regulations of your state.

<u>Form</u>	<u>Readability Score</u>
AL E-04 GRA	*

\*These forms are exempt from any flesch score or readability requirements in your statutes or regulations as it is subject to federal jurisdiction and the language contained therein is drafted to conform to the requirements of federal law.



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**Robert G. Lange**  
**Vice President, General Counsel, and**  
**Assistant Secretary**

April 9, 2009